

MEMORANDUM FOR COMMITTEE MEMBERS

FROM: Lt Gen Paul K. Carlton, Jr., Chair of the Council

SUBJECT: DoD Prevention, Safety, and Health Promotion Council (PSHPC) Meeting 17 March 00

1. **The PSHPC meeting was convened at 1400 hrs in Pentagon Room 1E801#4-5.**

Attendees are as follows:

Lt Gen Carlton, Air Force Surgeon General (Chair)
CAPT Maguire, Deputy Assistant Secretary of Defense (CPP) (Representative)
COL Christie Smith, Assistant Secretary Army, Manpower and Reserve Affairs (Representative)
Ms. Heath, Assistant Secretary of the Navy (Manpower and Reserve Affairs) (Representative)
Ms. Thompson, Assistant Secretary of the Air Force (Manpower, Reserve Affairs, Installation and Environment) (Representative)
RDML Johnson, Deputy Chief of Staff, (Manpower and Reserve Affairs), Marine Corps (Representative)
Mr. Fatz, Deputy Assistant Secretary Army Environmental Safety Occupational Health
Mr. McCall, Deputy Assistant Secretary Air Force Environment, Safety and Occupational Health
BG Martinez, Army Surgeon General (Representative)
CAPT Hart, Navy Surgeon General (Representative)
Dr. Claypool, Executive Director Military Veterans Health Coordinating Board
Mr. Reinhard, Office of the Assistant Secretary of the Navy (Installations and Environment)
CAPT Willis, Navy Safety (Representative)
CAPT(sel) Jackson, Chief of Naval Personnel (Representative)
LTC LeDoux, Deputy Chief of Staff and Personnel, Army (Representative)
LtCol Rollins, Assistant Deputy Chief of Staff, Air Force Personnel (Representative)
LtCol Sommesse, Tricare Management Activity (Representative)
Mr. Burks, Air Force Chief of Safety (Representative)
Mr. Gibson, Director of Army Safety (DASAF) (Representative)

Members Not Present:

Dr. Bailey, Assistant Secretary of Defense (Health Affairs)
Ms. Goodman, Deputy Under Secretary Defense (Environmental Security)
Mr. Maldon, Assistant Secretary of Defense (Force Management Policy)
Mr. Lillibridge, SD HQMC

2. **OLD BUSINESS:** The 16 December 99 minutes were approved with the correction that the Managed Care Support Contractors (MCSCs) in Regions 3 and 4 are required to perform the HEAR but are not required to report their HEAR return rates under the current contract.

3. **NEW BUSINESS:**

A. PSHPC Committee Charters and New Committee Action Plans:

The Chair advised the Council that the six PSHPC committee charters and the action plans for Joint Preventive Medicine Policy Group (JPMPG), Put Prevention In Practice (PPIP), Self-Reporting Tools (SRT) and the Sexually Transmitted Disease Prevention Committee (STDPC) have been forwarded by ASD (HA) to USD (P&R) for signature and final approval

B. PSHPC Committees:

Selected PSHPC Committee chairs presented briefings in response to taskers from the December council meeting.

1. Self Reporting Tools (SRT):

Col Baker advised the council on the status of current HEAR initiatives. This included a review of ASD (HA) and Service directives, approved implementation and performance measures, IM/IT improvements and the most recent HEAR survey reports.

Col Baker also, presented the current and proposed questions regarding health Managers (PCMs). This was in response to the question of "Percent of Interventions based on the HEAR returns." She further stated the addition of both the Unit Identification Code (UIC) to the HEAR sort file as well as the date of the latest HEAR completion to the DEERS system are under consideration.

BG Martinez asked about penetration rates for the HEAR as well as standardized guidelines for use of the HEAR. The Chair iterated that small facilities such as Sigonella and Nellis seem to be doing well but there is as of yet no cohesion among the Lead Agents. This hopefully, will improve with the inclusion of the HEAR II in the CHCS II system. However, CHCS II is still three years away from implementation. The guidelines for HEAR implementation according to Col Baker have gone to the Deputy Surgeon Generals (DSGs) for signature.

A short discussion occurred about the use of "knowledge couplers" and the Chair cited Project Yorktown as an example. The general consensus was, however, that these are not applied across the system on a regular basis.

Col Baker will address at the next Council meeting the results of the January meeting with the DSGs as they relate to IM/IT issues.

2. Injury/Occupational Illness Prevention Committee (IOIPC):

COL DeFraites reported the results of the IOIPC policy seminar at Walter Reed in February 00. Among the problems cited by COL DeFraites were the lack of dedicated resources and the lack of a Center for DoD Injury Prevention/Control. BG Martinez indicated that the establishment for such an initiative must come from the Surgeons General and that there must be commonality of purpose, definition and tracking and that such an institution must have an eclectic origin. It was also the consensus of the Council that there needed to be a prioritization of Injury Prevention Issues and a mechanism to determine the initial targeting efforts. The Chair then asked COL DeFraites to present at the next Council meeting the concept of operations for such a center to include costs and metrics. Additionally, the Chair asked COL DeFraites to present a talk on "Water Intoxication."

3. Joint Preventive Medicine Policy Group (JPMPG):

Col Bradshaw reported on the items requested by Dr. Mazzuchi at the last meeting regarding specialty consultations and severity of injury/illness in the deployed environment. Col Bradshaw presented the following conclusions:

- a. That Primary Care follow-up of DD2796 referral is greater than 90%
- b. Specialty referral appears similar to those normally obtained from primary care
- c. Lost duty days (effectiveness rate), or hospitalization days are one index of severity of illness/injury
- d. Mortality is low and mostly due to transportation accidents

Dr. Claypool inquired as to the percent of personnel compliant with the post deployment survey process. Col Bradshaw indicated this could be tracked by DMSS. CAPT Murphy will furnish Dr. Claypool with CDR McBride's briefing, which addresses this issue. Mr. McCall inquired as to whether or not there was a mechanism to compare military and civilian injury rates; and at the present time, there is none. In response to the concern raised by Dr. Claypool regarding self-reported vice actual Safety Center data, Mr. Burks (AF Safety) indicated that the Air Force Safety Center has already begun tracking this question.

4. Put Prevention Into Practice (PPIP):

CAPT McKay indicated that there was no RAND Corporation study addressing Clinical Preventive Services in the civilian community. She, however, did report on the current status of all DoD/VA clinical practice guidelines as well as the proposed CDC guidelines for Community Preventive Services, which were published in the January edition of the Journal of Preventive Medicine. These guidelines are to be formally published in early 2001. A discussion ensued about the consistency of application of prevention metrics across the DoD. Col Bradshaw, a member of the United States Preventive Task Force (USPTF) and chair of the JPMPG, indicated that the USPTF has a scheduled meeting on April 25 and 26 to assist the MTFs in the consistent application of USPTF metrics.

5. Alcohol Abuse/Tobacco Use Reduction Committee (AATURC):

CAPT Murphy presented an overview of the Alcohol Abuse and Tobacco Use Prevention plans and the results of the policy seminars conducted in August 99 and January 00. The items addressed at each of these seminars correlated directly with the requirements of the plans. At the next Council meeting, CAPT Murphy/LtCol Talcott will review the Gantt charts demonstrating the progress made on these two initiatives with the Council members.

C. Short-term Costs of Smoking Among Active Duty Air Force Personnel:

Major Robbins presented the results of a yearlong study of active duty Air Force Personnel (under age 35) who engaged in Tobacco Use (smoking) behavior. He measured both the direct and indirect costs of care. His findings revealed an annual cost of \$100M associated with this behavior. He further commented that these costs are probably under reported. The findings of his study will be published in Morbidity and Mortality Weekly. BG Martinez felt that on the basis of Major Robbins report that it is crucial to highlight operational reasons for not using Tobacco (smoking).

D. Armed Forces Epidemiological Board (AFEB):

COL Diniega, the Executive Secretary of the AFEB, presented an overview of the board's history and role in DoD. Additionally, he outlined the AFEB's structure and function, including its three active subcommittees. COL Diniega felt the AFEB could be of value to the PSHPC through review of the various action plans and the submission of comments on them.

E. PSHPC Memorandum 7 October 99:

At the request of the Chair, CAPT Murphy and LtCol Talcott co-chaired a task force, which prepared a draft memorandum clarifying the role of the PSHPC in system-wide DoD Prevention implementation. This memo was additionally coordinated with the chairs of all PSHPC committees. The representative of the ASA (M&RA) requested that the sentence "The Council serves as the approval authority for actions proposed by Council committees" be added to the changes already proposed. The memo with this addition was adopted. LtCol Talcott will prepare this for the Chair's signature and distribution to Council members.

F. Chairman Joint Chiefs of Staff (CJCS) J-4 Membership:

At the December meeting, the Council discussed offering the CJCS J-4, or his representative a seat on the Council. The Chair outlined the role of the CJCS in Force Health Protection and DoD Prevention efforts. The Council members unanimously agreed. CAPT Murphy will contact RDML Mayo (CJCS Surgeon) and a memorandum of invitation will be prepared.

G. Future Initiatives:

Several Read Aheads were included for informational purposes only. The first addressed the Safety/Occupational Health concerns raised by the representative from AF Safety at the December meeting and demonstrated the close relationship between the PSHPC and

the various DoD Safety and Occupational Health working groups. The second presented an historical perspective on the Council showing the current status of plans and initiatives with the ultimate intent of a Strategic Plan development. The third presented an encapsulated overview of the Population Health Support Office (PHSO). The last Read Ahead addressed Disease Non-Battle Injury (DNBI) data from Kosovo.

The representative from ASN (I&E) informed the Chair that a Working Group has been established to address the issue of noise in the Joint Strike Fighter. The Chair asked CAPT Murphy to arrange for a presentation of this issue at the next Council meeting.

The Chair reiterated that the PSHPC should remain the primary advocacy group for the DoD in the area of prevention.

4. Next Meeting: Members will be notified of the date for the next meeting which will occur in June 2000.
5. ADJOURNMENT: The meeting adjourned at 1515.

PAUL K. CARLTON, JR.
Lieutenant General, USAF, MC, CFS
Surgeon General